

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/549249

FILING DATE

APPLICANT(S)

CLAIMS

BEST AVAILABLE COPY

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1	1	1	1	1	51						
2		1		1		1	52						
3		1		1		1	53						
4		1		1		1	54						
5		1		1		1	55						
6		18		18		18	56						
7		18		18		18	57						
8		1		1		1	58						
9		1		1		1	59						
10		1		1		1	60						
11		1		1		1	61						
12		1		1		1	62						
13		1		1		1	63						
14	1		1		1		64						
15		1		1		1	65						
16		1		1		1	66						
17		1		1		1	67						
18		1		1		1	68						
19	1		1		1		69						
20		1		1		1	70						
21		1		1		1	71						
22		1		1		1	72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	41	6	41	8		41							
TOTAL DEP.	18	8	18	8		18							
TOTAL CLAIMS	52	14	52	16		52							